MPMCA 2024
Membership Application

I (we) the undersigned agent of the firm identified, hereby make application for membership in MPMCA. In making this application, I (we):

(a) understand that membership in a local PHC or Mechanical Association is a prerequisite to membership in MPMCA, if such an association serves the applicant's market area,

(b) agree to pay dues as established by MPMCA's Board of Directors and to adhere to the Constitution and Bylaws of the Association,

(c) understand that the dues remittance must include both MPMCA and NAPHCC dues. (except Associate).

Firm Name _____

Street/PO _____

City/State/Zip _____

Telephone _____

FAX # _____

E-mail _____

Website _____

Principal Officer's Name _____

Signature _____

Date of Application _____

Average # of Field Employees _____

☐ Union Shop ☐ Open Shop

Type of Work Contracted:

☐ Plumbing ☐ Piping
☐ Heating ☐ Cooling

Circle Firm's Local Association:

Bay Area Assn MPMCI
Flint PMC
Greater Michigan PMC
Master Plumber Association of MI (Oakland Co,)
Mid-Michigan MCA
MCA of Detroit
Northwestern MPHCCA (Grand Traverse Co.)
South Macomb Assoc. PHCC
Southwestern Association
Thumb Area Association
Upper Peninsula MCA
West Michigan MCA
West Michigan PHCC
Western Wayne PHCC
Member At Large

Questions: Call MPMCA 517-484-5500
Email info@mpmca.org
www.mpmca.org

MICHIGAN PLUMBING & MECHANICAL CONTRACTORS ASSOCIATION

Return To: MPMCA
PO Box 13100
Lansing, MI 48901
(517) 484-5500
Website www.mpmca.org

Dues Structure:
MPMCA (State Association Dues)

New Member (First Two Years)	$285.00 Annually
1 to 5 (average) Field Employees	$499.00 Annually
	$125.75 Quarterly
6 to 15 (average) Field Employees	$588.00 Annually
	$147.75 Quarterly
16 + (Average) Field Employees	$690.00 Annually
	$173.50 Quarterly

NAPHCC (National Association Dues)

Active Member $558.00 Annually
$140.00 Quarterly

Add
MPMCA Dues $ _____
+
NAPHCC Dues $ _____ (optional if MMCA member)
Total = $ _____

Remit total to: ***MPMCA, PO Box 13100, Lansing MI 48901***

Check Enclosed ☐ Master Card ☐ Visa ☐

Card # _____

Expiration Date _____

Customer Code ___ ___ ___
(last three numbers on back of card in signature panel)

We need the complete billing address for the credit card :

Street Address _____

City _____ State _____ Zip Code _____

Any declined checks/credit card charges are subject to a $35.00 service charge.